

Secretary Announces 1992 Winners of Health Innovation Awards Competition

Secretary of Health and Human Services Louis W. Sullivan, MD, has announced the winners of the 10th annual Secretary's Award for Innovations in Health Promotion and Disease Prevention.

The first-place award went to two York College of Pennsylvania senior nursing students, Patsi Albright and Karen Wall Toy, for their project, "Breast Self-Examination for Visually Impaired Women." The authors developed an instructional seminar of breast self-examination for partially sighted or legally blind women that uses methods focusing on the senses of touch and hearing, rather than on visual aids, in teaching the method.

Two projects tied for second place. Cary D. Podschun, a San Diego State University health education student, won with his paper, "Teen Peer Outreach and Street Work Project: HIV Prevention Education for Runaway and Homeless Youth." The other second-place award was to Andrea Rudolph, Victoria Kahan, and Michelle Bordeu, of the Boston University School of Public Health, for "Cervical Cancer Prevention Project in the Inner City Communities of Roxbury and Jamaica Plain, Massachusetts."

Third place went to Michelle Bardack and Susan Thompson, students at Rush Medical College, for "The Rush Prenatal Program at St. Basil's Free Peoples Clinic."

Fifteen entrants were awarded The Secretary's Certificate of Merit. First-, second-, and third-place cash prizes of \$5,000, \$4,000, and \$3,000 were awarded. Merit winners received \$300. *Public Health Reports* will publish the four winning papers and abstracts of the 15 semifinalist papers in its March-April 1993 issue.

The annual event is open to students of the health professions. The 1992 competition drew entries from schools of allied health professions, health administration, health education, medicine, nursing, optometry, pharmacy, public health, osteopathic medicine, dentistry, and veterinary medicine. Entries consist of a 2,500-word proposal for an innovative health

project. The deadline for 1993 entries is April 19, 1993.

The competition is sponsored by the Department of Health and Human Services, Public Health Service, in collaboration with the Federation of Associations of Schools of the Health Professions.

Information on the competitions is available from FASHP, 1400 16th St. NW, Washington, DC 20036; tel. (202) 265-9600.

More Family Practitioners Needed, PHS Report Says

The United States has more health care personnel than ever before, as well as increased numbers of applicants to most health professions schools, but the percentage of personnel going into family practice needs to be increased, according to a report released by the Public Health Service (PHS).

"Health Personnel in the United States 1991: Eighth Report to Congress" says that only 3 of every 10 physicians are in primary care—family practice, general internal medicine, or general pediatrics. Prepared by PHS' Health Resources and Services Administration, the report also reviews national health care issues and concerns.

During the 1980s, when medical school seniors' preferences for careers in primary care declined, demand for primary care services rose. This is at a time when intensive recruitment of board certified primary care physicians is expected by managed-care organizations such as health maintenance organizations, community health care centers, and public health agencies.

Shortages of registered nurses, pharmacists, physical therapists, and public health personnel, as well as shortages of all types of health care practitioners in rural and inner-city areas are reported. The proportion of women in health care occupations is growing. The growth rate of minorities in the health professions, although growing, is still below population gains.

In addition, demand for health professionals to care for HIV and AIDS patients, substance abusers, babies born to mothers who did not receive

adequate prenatal care, and the aging U.S. population will rise significantly in the future. Some report highlights

- The U.S. population is aging rapidly, with 12 percent now ages 65 or older and 23 percent estimated to be in that age bracket by the year 2040. Increases in the number of the elderly are expected to boost the demand for health care services.

- The AIDS epidemic has placed increased demands on health personnel. As of December 1991, the Centers for Disease Control and Prevention have recorded more than 206,000 diagnosed AIDS cases and 133,000 AIDS patients' deaths. The HIV-AIDS epidemic makes demands on the whole range of health services, from prevention to technologically advanced acute care, and on all types of health providers.

- Substance abuse is also a major public health problem, particularly with regard to the role that intravenous drug use plays in the transmission of the HIV virus. In 1990, an estimated 743,000 people in the United States were receiving care in 7,200 alcohol and drug treatment facilities. The report recommends that all health practitioners receive additional education in the prevention and treatment of both AIDS and substance abuse.

- Increased access to maternal and child health care is essential to combat high infant mortality rates, particularly for black infants, who continue to die at twice the rate of white infants. Other problems among children and youth include high rates of suicide, accidents, homicide, drug abuse, and HIV infection.

- Despite improvements in the overall supply of health practitioners, there is the continuing problem that minorities face in getting access to health care services, reflected in minorities' poorer health status. Meanwhile, minority populations are expected to continue to grow faster than the majority population, further compounding access problems.

- Health care needs in rural areas are higher than those in urban areas, except inner cities. There are higher incidences of injuries, disabilities, and chronic health problems in rural populations that are generally underserved

by most health practitioners as well as being depressed economically.

- The demand for registered nurses, especially in community hospitals, has continued to grow, despite recent increases in nursing school enrollments, admissions, and graduations. Future projections suggest that the current shortage may become chronic.

- Allied health personnel numbered 1.8 million in 1990, nearly 44 percent above the 1980 level. Demand for all types of allied health personnel, especially physical therapists, will grow. Because of fewer educational programs and applicants, future shortages of practitioners are predicted in major allied health occupations.

Copies of the Eighth Report can be obtained by writing to HRSA's Bureau of Health Professions, Office of Health Professions Analysis and Research, Rm. 8-47, 5600 Fishers Lane, Rockville, Md. 20857; tel. 301-443-6936.

National Library of Medicine Lowers Access Fees

The National Library of Medicine (NLM) has announced that prices will be lowered for access to all NLM databases.

The reductions, effective January 1, 1993, apply not only to those who directly access the Library's computers online, but also to licensees who provide commercial access to NLM data.

NLM director Donald A. B. Lindberg, MD, said "The Congress has urged us to increase the usage of the Library's extremely valuable databases and suggested that we ensure that costs not be an inhibiting factor."

The cost of access to most of NLM's online databases will be reduced by 40 percent, from the equivalent of \$30 per hour of connect time to \$18. These amounts are approximate because charges are not based strictly on time but include other factors, such as the number of characters transmitted. It is estimated that the average search of MEDLINE will cost \$1.25 under the new structure.

About 6 million searches are done on NLM's computers each year by a network of some 60,000 users in the United States and Canada. High-volume users, such as hospitals and

academic centers, will have a new discount plan available to them.

Many additional searches are done on the online systems of commercial database vendors, by users of compact disk products containing MEDLINE data, and by MEDLINE centers in some 20 other countries. Vendors will pay for the cost of reproducing and handling database tapes, but they will no longer pay use fees. Foreign users will continue to pay their proportional share of the costs to create the databases.

A pricing schedule that covers both online access and tape leasing costs is available from Office of Public Information, National Library of Medicine, Bethesda, MD 20894; tel. 301-496-6308, FAX 301-496-4450.

Surgeon General's Report Focuses on Smoking in Latin America

The 1992 report of the Surgeon General, the 22nd in a series of reports on smoking and health, reviews in depth the multifaceted problems of smoking and health in North America, Latin America, and the Caribbean. Produced in collaboration with the Pan American Health Organization, the 213-page report looks at the historical, social, economic, and regulatory aspects of smoking.

Excerpts:

By the mid-1980s, at least 526,000 deaths a year in the Americas were caused by smoking; 100,000 of these were in Latin America and the Caribbean. Smoking-related illnesses, such as heart disease and cancer, have increased dramatically in the United States and Canada. Latin America and the Caribbean are on the brink of a similar increase.

Economic growth varies from country to country in Latin America and the Caribbean. In countries that are beginning to develop industrially, smoking is just becoming a health problem. In other, more industrialized countries, a large proportion of the population smokes, and smoking-related diseases are already a major cause of death. All countries in the Americas must eventually face the complex issues surrounding tobacco control.

Key Findings

In some Latin American and Caribbean cities, more than half of the young people smoke, and in recent years, more and more women in the region have begun to smoke.

Smoking-control efforts in Latin America and the Caribbean are impeded by the structure of the tobacco industry, which is dominated by large transnational corporations.

Economic arguments for supporting tobacco production are offset by the economic costs of smoking-related disease.

Systematic monitoring of the factors affecting tobacco use is crucial to control programs. For Latin America and the Caribbean in particular, more information is needed about

- how many people smoke,
- how much disease and death is caused by smoking,
- what people believe about tobacco use,
- how much tobacco is produced and consumed, and
- how taxation and legislation can be used to curb smoking.

Historical Factors

In native societies of the region, tobacco has long served spiritual purposes. In modern societies, tobacco is consumed for enjoyment, and such usage leads to long-term addiction and chronic health problems.

By establishing subsidiaries, affiliates, and licensing agreements, transnational corporations denationalized the tobacco industry and altered consumer preference.

In Latin America and the Caribbean, a severe economic downturn in the 1980s led to a decline in tobacco consumption. A rise in consumption is likely to accompany economic recovery.

Tobacco Consumption and Disease

Median smoking prevalence in Latin America and the Caribbean is 37 percent for men and 20 percent for women. It reaches 50 percent or more in some populations.

As the gross national product increases in Latin America and Caribbean countries, so does cigarette consumption, particularly among people with low income.

Because of the time lag between beginning to smoke and evidence of smoking-related disease, an increasing burden of such disease and death can be expected to follow the rising prevalence of smoking in Latin America and the Caribbean. This phenomenon is now being witnessed in North America.

Cigarette advertising tends to increase consumption. Restrictions on advertising lead to decreased consumption and are, therefore, an important disease-control measure.

Increases in the price of cigarettes decrease consumption, particularly among adolescents. Thus, excise taxes on cigarettes may be a public health measure that helps reduce diseases caused by smoking.

Economic Factors

The economic cost of smoking varies by country, according to the economic status and social and demographic characteristics of the country.

Economic incentives that promote tobacco production should be reconsidered. Tobacco is a highly profitable crop largely because of the benefits derived from subsidies, tariffs, and supply restrictions. The production of other goods would generate similar levels of employment for those who currently grow tobacco.

Smoking-control and prevention programs can be remarkably cost-effective, per year of life gained. In Brazil, smoking-cessation services are 100 times more cost-effective than treating lung cancer.

Legislation

Legislation affecting the supply of and demand for tobacco is an effective method of tobacco control.

Most countries of the Americas have legislation that restricts cigarette advertising and promotion, requires health warnings on cigarette packages, restricts smoking in public places, and attempts to control smoking by young people. The content of the laws and regulations varies between countries.

Prevention and Control

Although most countries of the region have a basic framework for the prevention and control of tobacco use, some programs are not fully developed.

Tobacco and health education pro-

grams are not a major feature of control activities in Latin America and the Caribbean.

In most countries of the Americas, smoking cessation services are often available through church and community organizations. Private and government-sponsored cessation programs are uncommon.

Full copies and summaries of "Smoking and Health in the Americas" are available in English and Spanish. For more information about the report or to order a free 22-page summary, contact Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, 1600 Clifton Road, NE (MS K-50), Atlanta, GA 30333; tel. 404-488-5705.

NIOSH Supplements 1991 Report on Lung Diseases

The National Institute for Occupational Safety and Health (NIOSH) of the Centers for Disease Control and Prevention has released the "1992 Supplement to the Work-Related Lung Disease (WoRLD) Surveillance Report."

The original report, released in 1991, summarizes surveillance data for occupational respiratory diseases. The 1992 Supplement is an update and includes data not previously presented from multiple cause-of-death data, National Hospital Discharge Survey, and the Sentinel Event Notification System for Occupational Risks (SENSOR) Program.

Compiled by the Division of Respiratory Disease Studies, National Institute for Occupational Safety and Health, the report was promulgated among public health officials, researchers, management and labor officials, and others working in occupational health disciplines.

Copies of the reports can be obtained by calling 1-800-35-NIOSH.

SAMHSA Publishes New Mental Health Report

"Mental Health, United States, 1992," the first publication of the new National Center for Mental Health Services within a new agency, the Substance Abuse and Mental Health Services Administration (SAMHSA) of the Public

Health Service, continues the tradition of statistical reports on mental health services by the National Institute of Mental Health.

Each chapter in the report is designed to highlight information about a major policy concern. The intent is to promote service development initiatives through the statistics being collected on current practices.

For the first time, the new volume on mental health includes a chapter that focuses on the characteristics of seriously mentally ill persons in the household population. Other chapters include the latest data on trends in the availability, volume, staffing, and expenditures of organized specialty mental health services in the United States and in each State; revenues and expenditures of State mental health agencies; clinical trainees in mental health; mentally ill recipients of Supplemental Security Income and Social Security Disability Insurance payments; and mental health services in health maintenance organizations and State adult correctional facilities.

Data presented in this fifth edition of "Mental Health, United States" derive principally from national surveys conducted by the Center in collaboration with the National Association of State Mental Health Program Directors, State mental health agencies, State departments of correction, American Hospital Association, and National Association of Private Psychiatric Hospitals; surveys and data systems of the American Psychiatric Association, American Psychological Association, National Association of Social Workers, representatives of the psychiatric nursing community, and other professional associations; and data systems of other Federal agencies, such as the National Center for Health Statistics and the Social Security Administration.

In 1992, the Alcohol, Drug Abuse, and Mental Health Administration Reorganization Act mandated the creation of the National Center for Mental Health Services that would have major responsibility for improving mental health services, as well as for conducting related clinical training, information collection, and evaluation activities.

Copies of "Mental Health, United States, 1992," Publication No. 017-024-01489-3, can be obtained from the Superintendent of Documents, U.S. Government Printing Office, Washington, DC; tel. 202-275-0019.

Pregnancy and Asthma Can Mix If Asthma Is Monitored Carefully

Women with asthma can enjoy normal pregnancies and deliver healthy babies if their asthma is managed effectively, according to a report on asthma and pregnancy released by the National Asthma Education Program (NAEP) of the National Heart, Lung, and Blood Institute.

The report warns, however, that uncontrolled asthma can have serious, even fatal, consequences for both mother and child and urges that asthma be treated as aggressively in pregnant women as it is in the nonpregnant population.

The report was developed by the NAEP Working Group on Asthma and Pregnancy, composed of 12 physicians with expertise in allergy, pulmonary, and obstetrical care, and pediatrics. It was released at the First National Conference on Asthma in Arlington, VA, sponsored by the NAEP Coordinating Committee, representing more than 30 major U.S. scientific, professional, governmental, and voluntary organizations concerned about asthma.

Asthma is a serious lung disease characterized by chronic airway obstruction or narrowing and inflammation. When a woman's airways narrow, the flow of oxygen to the fetus may be impeded.

"A pregnant mother is breathing for two. It's imperative that she be able to deliver oxygen—regularly and unimpeded—to her baby," said Dr. Allan T. Luskin, chairman of the Asthma and Pregnancy Working Group. "Better care of pregnant women with asthma will result in healthier babies and fewer infant deaths."

Because asthma can have a major impact on fetal growth and development, it is important to establish the diagnosis early, then carefully monitor the disease and the fetus throughout pregnancy, the report stresses.

The report draws heavily on the NAEP Expert Panel Report, "Guidelines for the Diagnosis and Management of Asthma," released in February 1991. In particular, it emphasizes that inflammation is a key factor in asthma and that effective asthma management requires reducing and preventing inflammation, not just reversing asthma symptoms.

While noting that it is desirable to use as few medications as possible

during pregnancy, the report emphasizes that the known risk of uncontrolled asthma is far greater than any known risks to the mother or fetus from any asthma medications. The report recommends the preferred medications and selection criteria based on the severity of the woman's asthma condition. It also provides treatment plans for patients with mild, chronic, moderate, and severe asthma, for exercise induced asthma, and for asthma episodes during pregnancy.

Other recommendations for effective asthma management are also the same for pregnant women as for the nonpregnant population. Since the severity of the disease varies greatly, asthma management must be tailored to individual needs.

Effective management is built on a broad four-pronged base—use of medications both to reverse and prevent airway inflammation and to treat asthma symptoms, patient education and formation of an active partnership between patient and health professionals, use of objective measures of lung function to assess asthma severity and monitor treatment, and environmental control measures to reduce exposure to indoor and outdoor allergens.

From 1979 to 1989, the prevalence of asthma in the United States increased a startling 60 percent; asthma complicates approximately 4 percent of pregnancies in this country today.

Copies of the new report will be distributed widely to health professionals who work with asthma patients. Copies also may be ordered from the NAEP Information Center, PO Box 30105, Bethesda, MD 20814-0105.

Large-Scale Health Study of Elderly Mexican Americans Underway

The first large-scale health study of the nation's growing population of elderly Mexican Americans is being led by researchers at The University of Texas Medical Branch at Galveston (UTMB).

The Department of Health and Human Services awarded a \$3.5 million grant for the 5-year study to researchers at UTMB, the University of Texas Health Science Center at San Antonio (UT-San Antonio), and the University of Texas at Austin (UT-Austin).

"This joint-effort study will generate knowledge necessary to deal with the health care needs of Mexican Ameri-

cans. Of the nation's 22 million Hispanics, 13.5 million are Mexican Americans," said Kyriakos S. Markides, PhD, principal investigator of the study and professor of preventive medicine and community health at UTMB.

At least 3,000 Mexican Americans ages 65 and older will be interviewed during the study, which will take place in Texas, California, Arizona, Colorado, and New Mexico. Extensive in-home interviews and evaluations of health and physical ability will be conducted early in the study with followup, in-home interviews and physical assessments 2 years later.

One of the specific aims of the study is to learn which physical and mental health conditions are most prevalent among elderly Mexican Americans and to identify factors that are linked to their life expectancy, as well as their mental and physical health. The researchers will gather information on health behaviors, migration history, stressful life circumstances, psychological resources, and access to and use of health services.

A preliminary study led by Dr. Markides indicates that Mexican Americans generally live as long as non-Hispanic whites and longer than African Americans.

"This may be due to low death rates in this group from heart disease and cancer. Nevertheless, the advantage is difficult to explain," said Dr. Markides.

David V. Epino, MD, Associate Professor of Family Practice at UT-San Antonio, and Ronald J. Angel, PhD, Associate Professor of Sociology, at UT-Austin are the lead investigators of the study at their respective universities.

Illinois Picks "Dracula" to Symbolize AIDS Threat to Young People

The Illinois Department of Public Health has enlisted Dracula as its new AIDS spokesperson to urge Illinois teenagers to "see the light" and learn how to protect themselves against HIV, the virus that causes AIDS.

The message from Dracula: "Stop living in the dark—get the facts about AIDS. When I learned about AIDS, I changed my ways. If I can control myself, so can you! Beware of fly-by-night relationships."

The Dracula campaign started in the 1992 Halloween season and is one of a series of cooperative education cam-

paigns with the State's 84 local health departments. The Dracula campaign includes television and radio public service announcements, brochures, posters, transit cards and billboards.

"An AIDS education campaign featuring Dracula as the spokesperson seems oddly appropriate," said Dr. John R. Lumpkin, State Health Director. "There are many creatures of myth and folklore that have been haunting our attempts to carry out AIDS education. For example, many teenagers still believe you can become HIV-infected from a mosquito bite, or using the same drinking fountain or toilet seat an HIV-infected person has used.

In Illinois, one out of five cases of AIDS was reported among persons ages 20 to 29 years. Since symptoms of AIDS may not appear for up to 10 or more years after infection, it is believed many of those persons in their 20s who have AIDS were infected in their teens or early 20s. Dr. Lumpkin said teenagers are especially vulnerable to HIV because they believe they are invincible even as they experiment with sex and drugs.

Percent of Mammograms Doubled in 2 Years: NCI

Findings from the National Cancer Institute (NCI) show that the percentage of American women older than age 40 getting mammograms for breast cancer screening nearly doubled between 1987 and 1990.

According to the most recent data, 33 percent reported having a screening mammogram in the previous year, compared with 17 percent in 1987, based on women's responses to questions about mammography from National Health Interview Surveys conducted in 1987 and 1990. Mammography screening among women with no regular source of health care increased proportionally even more, from 6 percent to 15 percent.

The national "Healthy People 2000" initiative, launched in 1991, set a goal of 60 percent of women ages 50 and older following mammography guidelines by the year 2000.

The rise in screening among women with no health care source is especially significant, said the Institute's Nancy Breen, PhD, because it suggests government and voluntary public health organizations are succeeding in their goal of encouraging women to

have mammograms. Dr. Breen conducted the study with NCI colleague Larry Kessler, ScD.

"Surveys show that the main reasons many women don't get mammograms are because they don't know they need them, and their doctors don't recommend them," she said. "The fact that women without a regular source of health care more than doubled their use of screening mammography is a good sign. It shows that breast cancer education programs may be working.

The National Cancer Institute recommends that women ages 50 and older have annual mammograms, and women between ages 40 and 50 have them every 1 to 2 years. In addition, NCI recommends that physicians do annual clinical breast examinations in women older than age 40 and encourage women of all ages to practice monthly breast self-examination.

Since January 1991, Medicare has covered screening mammograms every other year for women ages 65 and older.

"It's crucial that women older than age 65 have regular mammograms," Breen said. "They are the group at greatest risk for breast cancer, yet they tend to use the procedure least."

Information on mammography and all aspects of breast cancer may be obtained by calling NCI's Cancer Information Service toll-free at 1-800-4-CANCER.

PREVENTION 93 Meeting Set for St. Louis in April

General sessions of the PREVENTION 93 meeting to be held April 17-20, 1993, in St. Louis, MO, will examine preventive medicine's role in health care reform, how the education of future physicians will be affected by the changing health care system, how to finance preventive medical services, how to promote the healthy behaviors that put preventive counseling to use and how to make reform work through coalition building.

Concurrent sessions will address a variety of topics including Tuberculosis Prevention, Clinical Preventive Services, Pharmacoepidemiology, Federal Worksite Health Promotion Programs, Preventive Medical Services for Women, Maternal and Child Health, Injury and Violence Prevention, Aero-

space Medicine and Occupational/Environmental Medicine.

George D. Lundberg, MD, Editor, Journal of the American Medical Association, will open the tenth annual national preventive medicine meeting on Saturday, April 17, with a talk entitled "Health Care System Reform in the United States."

Within the theme, "Leadership for Prevention in Health Care Reform," PREVENTION 93 will also feature presentations by George E. Hardy, Jr., MD, Executive Director, International Life Sciences Institute; Bruce Dan, MD, Senior Editor and Director, Scientific and Clinical Affairs, Journal of the American Medical Association; David Lawrence, MD, Chairman and CEO, Kaiser Foundation Health Plan, and many others.

The meeting is sponsored by the American College of Preventive Medicine and the Association of Teachers of Preventive Medicine in cooperation with more than 35 other health-related groups, including six agencies of the Public Health Service: Agency for Toxic Substances and Disease Registry, Substance Abuse and Mental Health Services Administration, Centers for Disease Control and Prevention, Health Resources and Services Administration, National Institutes of Health, and Office of Disease Prevention and Health Promotion. Approximately 700 people are expected to attend.

Those interested in registering for the meeting or receiving more information should contact Emily Slough, Meeting Manager, (202) 789-0006.

WHO Research Projects Offer Hope for Sufferers of Mental Illness

New insights into mental illness and prospects of better treatment for millions of patients are emerging from two World Health Organization (WHO) research projects, the biggest of their kind ever mounted.

The studies, part of WHO's wide-ranging mental health program, are concerned with two areas of mental illness—the often disabling condition of schizophrenia, and the usually less severe but much more common range of psychological disorders that are likely to be first detected in primary health care.

A WHO meeting of international in-

investigators from Africa, Asia, the United States, and Europe was held in October 1992 at the Laureate Psychiatric Research Centre in Tulsa, OK, to discuss their collaboration on one of the two WHO projects.

This study, which is being financially supported by the centre, is of the long-term course and outcome of schizophrenia. The only study of this type ever undertaken, it is a sequel to the WHO International Study of Schizophrenia that began in 1968. It will provide information about the course and outcome of some 3,000 patients in 16 countries, 20 years and more after the onset of their illness.

The initial study showed that similar schizophrenic syndromes exist in all the cultural settings included in the research but that the course and outcome of schizophrenia show significant differences among countries—patients in developing countries having on the whole a more favorable course and outcome than their counterparts in the developed world.

One of the aims of the current study is to help explain the reasons for these contrasts. Schizophrenic illnesses are ubiquitous; they appear with similar incidence in different cultures and have clinical features that are more remarkable by their similarity across cultures than by their differences. They are influenced by genetic, developmental, and environmental factors whose exact nature, interaction, and relative importance have yet to be identified. The evidence suggests that treatment needs to be directed at both the social and the biological aspects of mental illness.

According to the WHO Division of Epidemiological Surveillance and Health Situation and Trend Assessment, at least 52 million people in the world suffer from severe mental disease such as schizophrenia or severe depression. In addition, some 155 million are estimated to suffer from neuroses, about 120 million from mental retardation, and 100 million from affective disorders. Epilepsy is estimated to affect some 50 million others, and dementias to affect about 15 million.

Studies of primary health care services in both developing and developed countries indicate that there are also huge numbers of people who suffer from a wide range of psychological disorders—up to one in four of patients contacting such services do so because of psychological problems.

Much remains unknown about the prevalence and form of these disorders and the extent to which they differ from one country or society to another. The need to obtain answers to these questions has grown in the last decade. A number of reports have indicated that psychological disorders in primary health care are not only frequent, but costly to treat, and that physicians in primary health care in highly developed countries do not recognize two out of three patients with such disorders.

In an effort to find the answers, another major WHO study, the biggest of its kind, is nearing completion. Researchers are investigating the types and frequency of psychological problems seen in primary health care in 14 countries. The study began in 1989, and by 1992 some 25,000 patients ages 18 to 65 had been screened in general health services to provide large samples of those with symptoms of a mental disorder. They were classified in three categories—those whose complaints and symptoms corresponded to the description of “well-defined disorders” in the International Classification of Diseases (ICD-10); those whose symptoms did not meet the criteria in this classification but who were severely disturbed or impaired and sought help from health care; and those with common symptomatic conditions, such as persistent pain or sleep problems. After being interviewed, diagnosed, and rating their own problems and overall health, the patients are being followed for a period of 1 year.

The study will provide unique information on the general characteristics of primary care patients with psychological problems in a wide range of health care settings and cultural contexts. The information will enable researchers to scrutinize the wide range of psychological symptoms frequently seen in such settings and explore their association with other impacts of illness, such as disability, health service utilization, hospitalization, and drug use.

These analyses will also show how cultures influence symptoms, their natural history and outcome, as well as the diagnostic practices of the health care providers and the illness behavior of the patients.

It is expected that the results obtained in the study will lead to action programs for the extension of mental

health care into primary care in several countries and provide knowledge and techniques that are applicable worldwide.

Koop, Edelman to Speak at Conference on Health Professions in the Future

Two nationally prominent advocates of health care reform will keynote the Bureau of Health Professions' 25th anniversary conference, “Healers for the 21st Century: The Future of the Health Professions.”

Former Surgeon General C. Everett Koop and Marian Wright Edelman, head of the Children's Defense Fund, will open the conference Feb. 26, 1993, at the Washington, DC, Convention Center.

Following the keynote addresses, Bureau Director and Assistant Surgeon General Fitzhugh Mullan, MD, will moderate a “town meeting” on the future of the health professions.

The Bureau of Health Professions is part of the Health Resources and Services Administration of the Public Health Service.

For additional information about the conference or to register, contact Cheryl Brinkley, tel. 703-821-8955, ext. 8658.